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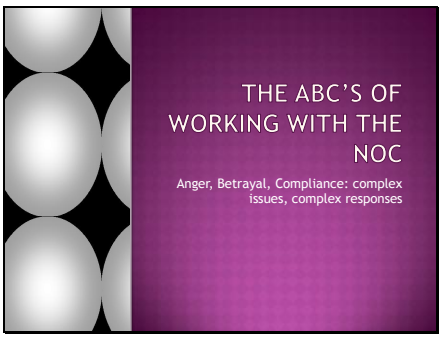

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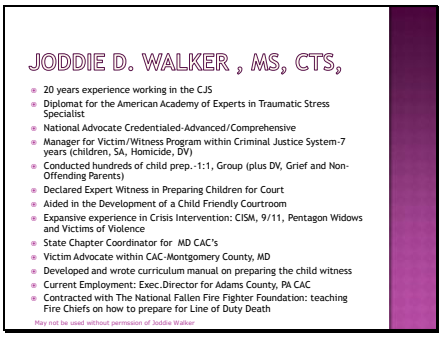

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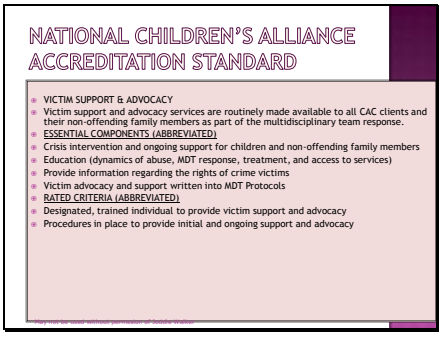

Slide 4

4 PRIMARY PROGRAM GOALS

- Build Rapport with NOC
- Developing Supportive Relationship with NOC
- Attain and use resources
- Interface with investigation

NCAC

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Slide 5

PART I

- Topics for understanding the NOC
  - Denial
  - Grief and loss
  - Internal and external barriers
  - Domestic Violence
  - Trauma History

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Slide 6

- We typically direct all of our resources toward the victim and leave the mother with no one to turn to except the perpetrator, who may be actively trying to win her back. If she reunites with the perpetrator you have lost your victim, because the perpetrator will work to persuade the mother to be uncooperative and pressure the victim to recant. IF we strengthen the non-offending mother, she will make sure the child's needs are met.

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Slide 7

TEST

- What is child sexual abuse?
- At what age can a child consent to sexual behaviors with another person?
- Name five things that can help a child heal or recover from sexual abuse experiences.
- What are some of the characteristics of an adult who sexually abuses a child?
- Power and control are important issues for adults who sexually abuse children True or False
- How do adult offenders select children whom they will abuse?
- How do children feel about the person who sexually abused them? Why?
- What is a safety plan? If you have one, please describe it.
- Define the following words or phrases:
  - Grooming
  - Distorted Thinking

NOPE Curriculum

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Slide 8

RESEARCH ON NOC

Ann N. Elliott

- Research suggests that NOP experience significant distress following disclosure of abuse.
- PTSD identified in moms and dads following disclosure
- Elevated levels of depression than normative samples.
- Psychological distress can interfere with caregiver's ability to provide the level and type of support necessary to reduce the negative impact of abuse, research suggests interventions.
- Variety of interventions may be necessary: coping skills training, gradual exposure, behavior management skills and education regarding sexual abuse.

- More on handouts

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Slide 9

WHY THEY PRESENT "THE WAY THEY DO"

- Negative judgments of NOC's who appear to reject their children or to deny disclosure will alienate them from those wanting to help.
- Feel pressured to "take a stand" while in a highly confused and stressed state.
- There may be a cost involved with the disclosure of abuse like, major changes in relationships, income, employment, and residence.

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Slide 10

MYTHS

- Knew about the incest/sexual abuse and refused to do anything about it.
- Are indifferent or must be an absent partner or parent.
- Encouraged the child into the relationship
- Are weak and submissive
- Kept themselves tired and worn out
- Were sexually frigid

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REACTIONS TO EXPECT FROM THE NON-OFFENDING PARENT (NOP)

- Reactions will vary. Reactions to disclosure are affected by various conditions.
- In focusing on the well being of the child and punishment of the offender, it is easy to ignore that personal crisis of the NOP.
- Other factors affecting NOP reactions are based on:
  - their self-esteem,
  - the offender's relationship to the child,
  - the offender's relationship with the NOP,
  - the offender's power in these relationships,
  - If the NOP has a trauma history,
  - the duration of abuse and the violation of trust.
  - It is important to remember that the circumstances and experiences surrounding the disclosure may impact on the NOP's attitude about participating in the course.

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THINGS TO REMEMBER

- Understand the typical initial reaction "my husband (etc) would never…" and normalize this typical response.
- Be ready to acknowledge divided loyalties and don't polarize their choices.
- Make clear statements of who is responsible.
- Be alert to acknowledge strengths (for them, the child, the family, and the perpetrator).
- Don't blame them for the sexual abuse.
- Appeal to their experiences as a child and have them consider what they want for their own child.
- Tell them what to expect from the investigation, behaviors, etc
- Emphasize their current role (not past failures).
- Help them see their strengths.
- Give them access to resources-concrete help.

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NOC

- Barriers associated with the parent/caregiver's own abilities to be protective such as
  - limited cognitive abilities,
  - mental health issues,
  - medical conditions,
  - abuse history,
  - substance abuse

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Slide 14

PLUS…

Dealing with:

- humiliation,
- anger,
- abandonment,
- mistrust,
- loss of affection,
- jealousy,
- past victimization
- and questions about her parenting skills.

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Slide 15

DOMESTIC VIOLENCE: IMPACT ON CHILDREN

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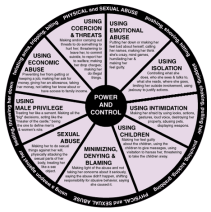
Slide 16

POWER AND CONTROL WHEEL



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NOC

- External barriers to provision of protection may include:
  - Lack of financial resources,
  - Lack of a support system,
  - Lack of transportation,
  - History of domestic violence.
  - Child characteristics that may be barriers to the caregiver's ability or willingness to be a protective resource must be identified: might include the caregiver's inability to manage the behavioral consequences of the child's abuse, the child's mental health or medical problems, and sexual reactivity of the child.

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WHAT MANY NONOFFENDING PARENT'S NEED AFTER DISCLOSURE

- LISTEN: someone to talk to,
- to be treated with respect,
- to understand what their options are regarding custody, marriage, divorce, and finances.
- If they were sexually victimized themselves as a child, they might have remembered their own abuse after learning about the current incident, and these memories might be painful and confusing. Even with this pain they will want to know what has really happened to their child and what their partner really did, especially if he denies or minimizes the abuse.
  - need to know how the abuse will affect their child.
  - need to believe that they will never have to go through this again.
- they feel like you are the only one this has happened to.
  - want to be reassured that their feelings are normal and that the future will hold better days.

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Slide 19

DENIAL

- Hand out -

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Slide 20

REASONS WHY A NONOFFENDING PARENT MAY DENY THAT SEXUAL ABUSE OCCURRED

- She feels that she has to choose between the child and the perpetrator.
- She loves both and feels torn between them
- She feels ashamed to admit she couldn't protect her child.
- She loses trust in herself and her own judgment.
- She may feel that the abuse is a reflection on her own sexuality or attractiveness.
- She may wonder, why did he choose a child over me?
- She may fear losing financial security (even in an upper-middle-class home).
- She may fear being blamed.
- She feels emotionally dependent on the abuser.
- She may be afraid of the perpetrator.
- She may be ashamed of her choice of mate.
- She was sexually abused herself, and the current situation brings up painful memories.
- She was not protected from abuse in her own family growing up and doesn't know how to protect her child.
- She makes her own attempts to protect the child.
- She believes she can handle it on her own.

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REASONS WHY THE OFFENDER MAY DENY THAT ABUSE TOOK PLACE:

- **He feels ashamed, he knows it's wrong.**
- **He wants to stop but doesn't know how.**
- **He thinks he can handle it himself.**
- **He doesn't want to give up the pleasure he gets from sexual abuse.**
- **He can't admit he's out of control.**
- **He wants to avoid jail or prison.**
- **He is afraid he will lose his family if they know what he really did.**
- **He can't admit that he is a sex offender.**
- **He wants to avoid a child protection investigation.**

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REASONS WHY A CHILD MIGHT DENY

- She thinks she did something wrong and will get in trouble.
- She doesn't want to get the abuser in trouble (She may love him!).
- She is afraid that her family will be mad because she told.
- She is afraid of being sent away to a foster home.
-
- She has sometimes been threatened by the abuser.
- She believes her parents are mad at her for causing the abuse.
- She is afraid of losing her mother's love.
- She feels she "participated" in the abuse by not telling sooner.
- She feels ashamed and conflicted because her body responded to the sexual stimulation.

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LOSSES EXPERIENCED BY NOC

- Innocence of the child
- Their sense of safety
- Social life
- Friends and family
- Diminished self-confidence in parenting a life decision making

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LOSSES EXPERIENCED BY NOC CON'T

- Loss of spouse, partner, family member
- Income
- Home
- Future Life plans
- Their past/history- as they thought it was to be (Shattered Reality)

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THE GRIEVING PROCESS:

- Denial, Anger, Bargaining, depression/ withdrawal, Acceptance.

- Minimizing the child's trauma
- Trying to explain away the abusers behavior
- Focusing on the abusers changing other behaviors
- Clinging to therapy as a guaranteed solution to the abusers problems

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THE GRIEVING PROCESS CON'T

- Blaming themselves in accordance with the stereotypes and myths.
- Over-protective of self and child
- Resistance to comply with providers
- Anger toward others

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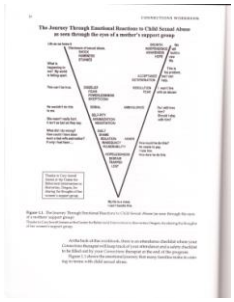

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UNDERSTANDING TRAUMA/ISSUES

Theory about post-traumatic stress disorder (PTSD) is being applied as a unifying concept for understanding common psychological effects of a wide variety of child victimizations. Until recently, it was thought that some children may be too young to understand and react to traumatic events. What we know now, however, is that a traumatic event can affect a child no matter how young he or she may be.

Trauma in young children **is an experience** that does one or more of the following:

- Overwhelms the child's ability to cope
- Makes the child feel helpless
- Is life threatening, or makes the child feel as if life or limb are threatened
- Makes the body go into a fight, flight, or freeze response and
- Shakes and breaks basic assumptions of safety
- For infants and young children who are by nature very dependent on their caregivers, trauma can also be an experience that leads to the actual or threatened loss of a parent or an important caregiving figure.

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CHILDREN AND TRAUMA

- **Important factors to keep in mind i working with children around trauma are:**
- Children of all ages react to traumatic events.
- Children's developmental level may impact how they respond to a traumatic event.
- Children and adolescents express their concerns in different ways from adults.

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VIDEO: I'M SCARED TOO

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HOW DO WE HELP NOC UNDERSTAND TRAUMA?

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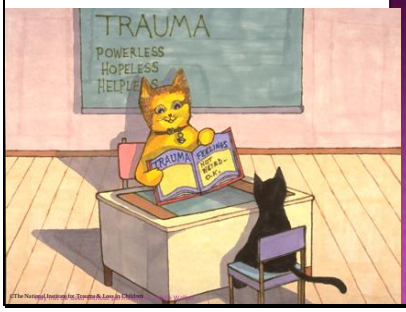

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Slide 34

When Your Child Needs to Hear From You to Reduce Shame and Guilt….

He tricked you.
He knew better.
It wasn't your fault.
I know you didn't want to get anyone in trouble.
I'm glad you told.
I know this is really confusing.

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SEXUAL OFFENDERS

- Who are they
- Types
- Motivations
- Grooming behaviors (child, NOC, community)
- What they look for in a child

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OFFENDERS

Offenders could be anyone we know-most offenders know their victims (85%). Offenders do not fit any profile. They may be upstanding members of the community, even people with strong religious and moral beliefs. Some offenders are teenagers.

- -Offenders want us to believe, and we want to believe that they will keep their promises without outside help.
- Offenders cannot follow through on good intentions or genuine remorse without help from outside the family.
- -In the early stages of disclosure and treatment, signs of guilt and remorse may be "because they were caught."
- -Treatment is necessary, difficult, and takes time. Offenders will offend again unless they get specialized treatment, and maintain a careful awareness of the circumstances that could lead to a new offense. Treatment requires extensive specialized training, information and skills.
- -Many sex offenders are looking for their non-sexual needs to be met. (see cycle).
- -Isolation leads to a need to interact and certain victims will be chosen because they are accessible.

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THE GROOMING PROCESS

Seduction Child Molesters work very hard to obtain desired sexual objects

- children from dysfunctional homes
- carefully seduce child and guardian/parent
- shower child with gifts, praise, attention
- gain trust and spend time with child
- engage in play and games which include physical contact
- show child pornography or leave it out so child can discover and ask
- manipulate shame and fear once offending begins

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VIDEO

- Ann Salter

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STAGES OF THE GROOMING PROCESS

-Building Trust – Deliberate steps to gain the child's acceptance of current or later sexual demands.

- -Favoritism's – Deliberate steps to show special attention with reciprocity expected.
- -Alienation – Deliberate creation of separateness from other adults, siblings, and friends. This is to ensure that no one finds out and to ensure the ability to use the child for sexual and emotional exploitation.
- Secrecy – Deliberate and usually subtle, however there may be overt threats, gestures, body language to convey the need to keep the relationship secret.

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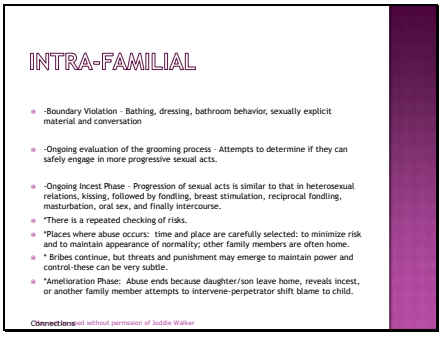

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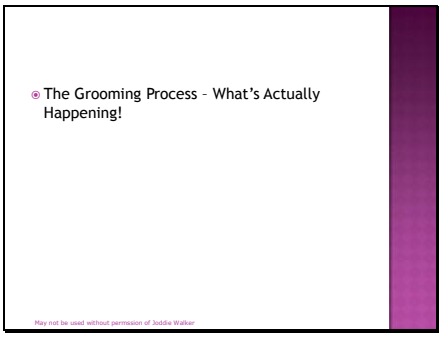

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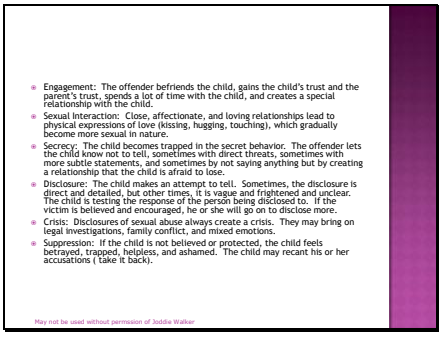

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COGNITIVE DISTORTIONS

- Chart

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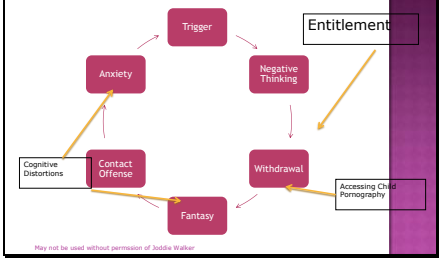
THE SEXUAL ABUSE CYCLE



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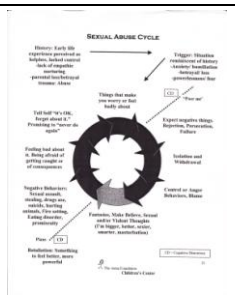

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SYSTEMIC TRAUMA

Common sources of second assaults caused by society include the following*Marlene Young

1. Families and friends may blame, stigmatize or isolate the victim. **Virtually all "why" questions connote blame..**

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PART II

- The Great Advocate

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Slide 49

ELEMENTS OF ADVOCACY PROGRAM

- Understanding child development, trauma reactions, sexual offender dynamics
- Culture
- Rights
- Rapport
- Intake and Assessments
- Referrals
- Record Keeping
- Confidentiality
- Crisis Intervention, Counseling and Advocacy
- Community Resources: knowing and building

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ADVOCACY AND SUPPORTIVE COUNSELING

Supportive counseling should seek to reassure victims of their ability to function.

-they are not crazy and that their trauma reactions to this are not unusual.

-Be careful: the use of the phrase "it is a normal reaction to an abnormal situation" may trigger an angry response in individual victims or survivors who see their reactions as unique. Use of that phrase is helpful when publishing materials or talking to the media and the target is a mass audience. For individual victims/survivors, it is helpful to reassure them that their reactions are not uncommon but they are also unique to them. This is something that was unexpected.

You'll need to educate victims and mdt!

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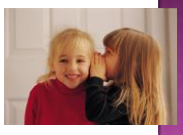
Slide 51

WHAT MAKES A GREAT ADVOCATE

- Know you stuff!
  - Victim's issues
  - Victim's Rights
  - Law and special provisions
  - Stats and research
  - Antidotal examples
  - Great negotiations skills
  - Patience
  - Listening
  - Caring
  - KNOWS THEIR LIMITS TOO!



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CORE VALUES OF AN ADVOCATE...

- Self-determination/empowerment
  - Working to restore control over one's life
- Confidentiality
- Dignity and worth of the victim
  - Respect, compassion, giving full consideration to gender, culture, ethnicity, race, religion, sex. orientation, political beliefs, physical or mental disability.
- Equal justice for victims
  - Full knowledge of and participation in justice system
- Service
  - Put service above personal interest
- Integrity
  - Honestly, responsibility and honorably at all times.

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Slide 53

CLIENT CENTERED ...

What is the client-centered approach?
A client-centered approach involves:

- Focusing on developing prevention objectives and strategies *with* the victim rather than simply providing information.
- Understanding the unique circumstances of each victim.

The goal of the client-centered approach is:

- To foster communication between the VSP and the victims.
- To encourage victims to express concerns.
- To help victims take greater responsibility for decision-making.
- To help victims identify and reach their goals.
- **A directive approach to client-centered counseling includes**:
- The VSP identifies what the victim is capable of and makes realistic goals with the victim.
- There is open, two-way communication between the victim and VSP.
- The VSP works with the victim, toward common goals: the VSP helps guide the victim, and provides support.
- If the victim is not actively involved in the plan, the plan will likely not be successful.

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IMPORTANCE OF UNDERSTANDING CULTURE

Culture affects the way in which people:

- Set priorities.
- Behave in different kinds of situations.
- Determine expectations of themselves or others.
- Understand cause and effect relationships.
- View the roles of different family members.
- Interpret and understand the world around them (Vietnamese woman in need of medical care)

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IN VICTIM SERVICES, BEING CULTURALLY COMPETENT MEANS:

- identifying and acknowledging different beliefs and values (e.g.Eagle Feather and Smudging)
- developing an environment in which victims can share openly and honestly with their victim service providers.
- making an effort to understand a victim's beliefs.
- working with the victim's beliefs when providing services.

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TIMING OF INVOLVEMENT WITH NOC

- The time of disclosure appears to be a critical period for intervention
  - It's fresh
  - Get to the NOC before the perpetrator or others that support the perpetrator
  - Help move quicker through stages of grief towards healing
  - Keep them focused on the child and the importance of their role
  - Keep them engaged, get needs met, get necessary support

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INTAKE AND ASSESSMENT,

- What possible needs:
  - Divided loyalties between child and AP
  - Sudden and dramatic change in family "reality"
  - Sudden change in lifestyle
  - Loss of income/finances
  - Divided Extended family dynamics
  - Safety Planning
- What possible emotions/trauma reactions
- What possible barriers to cooperation
- How to assess-listening skills
- Where to refer and what to keep on your desk

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INTAKE

1. **Explore the victim's concerns, problems, needs, safety issues**
2. **obtain demographic information required by program and/or funders, and information on how to safely contact the victim in the future.**
3. **provide the following information to the victim, and document in writing, that it was provided:**

a. Description of the Program, its services and purpose.
b. Reasonable expectations from the Program and the limits of the program.
c. Description of the confidentiality afforded the victim and the limits of that confidentiality.
d. Explanation of Victims Rights in your state.
e. Information on attending proceeding that is likely to be covered by the media
f. How to report victim/witness intimidation.

4. **determine the need for further services with the victim, how and when these services will be provided (i.e., letter, brochure, telephone call, in- person accompaniment, etc.), determine the need for additional services not provided by the Program and plan with the victim the most appropriate means to access those services.**

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REFERRALS

- ***To match the client to the most appropriate service provider, the advocate needs to ask:***
- What do I know about the client?
- What do I know about the referral source?
- Which referral source will be the best for this client?

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WHAT DO I KNOW ABOUT THE REFERRAL SOURCE?

It is best if you can actually visit a referral source to have first-hand information about agency before referring others to it. Learn:

- Who is served? (e.g., do they serve men and women? Adults and children?)
- What are the hours of operation?
- Where is the agency located?
- Is access to public transportation convenient?
- How may contact be made?
- What kinds of services are offered?
- What is the cost of services?
- What are the billing procedures?
- How does a client schedule an appointment?
- What are the name(s) of contact person(s)?
- What languages are spoken by staff?
- Is there a waiting list?
- How long is an initial visit?
- What happens to a typical client on the first visit?

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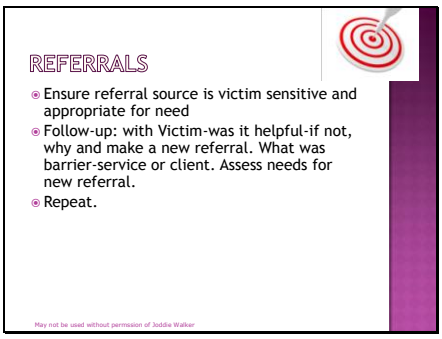

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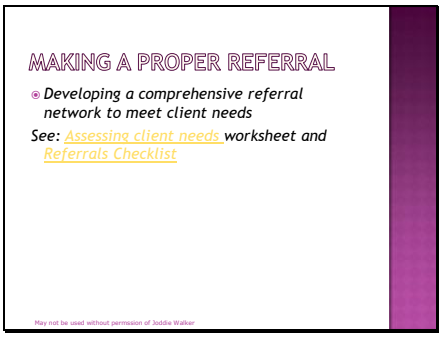

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Slide 64

CONFIDENTIALITY

Confidential Information Can Be Shared in the Following Circumstances

- When the client has given you written permission to share the information
- The client is requesting information you have recorded or documented on him or herself
- With other agency staff working with the same client
- With other agency staff who have a "need to know"

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CONFIDENTIALITY

Confidential Information MUST Be Shared in the Following Circumstances

- **Child abuse or neglect**
  - All 50 states have some form of a mandatory child abuse and neglect reporting law. The Child Welfare Agency maintains information on line about mandatory reporting statutes and child abuse prevention laws in all states http://www.childwelfare.gov/. In addition, the following site has information on child abuse reporting laws in all 50 states at http://www.smith-lawfirm.com/mandatory_reporting.cfm#State%20Statutes.
- **Emergency or life threatening situations**
  - Information can be shared under these circumstances with emergency personnel.
- **Suicidal clients**
  - If a client is suicidal, you must inform emergency personnel. Your supervisor can tell you exactly what protocols to following in this situation.
- **Client presents a threat to others**
  - If the client is threatening to harm others, you may have a "duty to warn" which means you need to contact the police about the threat. For more information on "duty to warn" view the following sites: http://www.ncrel.org/sdrs/areas/issues/envrnmnt/css/cs3lk1.cfm http://www.4therapy.com/professional/research/lawandethics/
- **Intent to commit future crimes**
  - You may not be legally mandated to report future crimes. However, statutory privileges specifically exclude this subject matter.
- **Subpoenas**
  - Because of various laws and privileges, not every subpoena will have the power to compel disclosure of confidential communications. However, where no law or privilege protects the information, disclosure will be required.
- ***Be sure to check with your supervisor before and after sharing confidential information, and document in the client's records details on what information was shared, with whom, under what circumstances!***

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PUTTING IT ALL TOGETHER

The Advocate within a CAC

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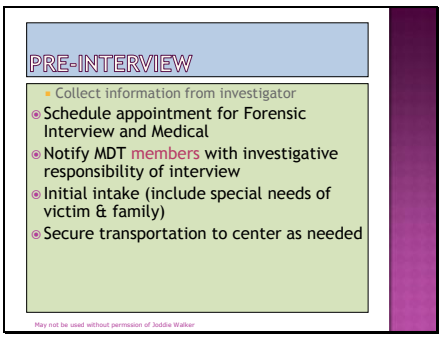
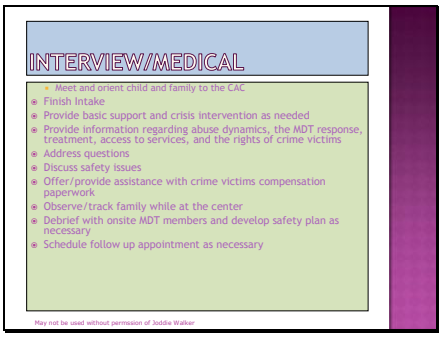
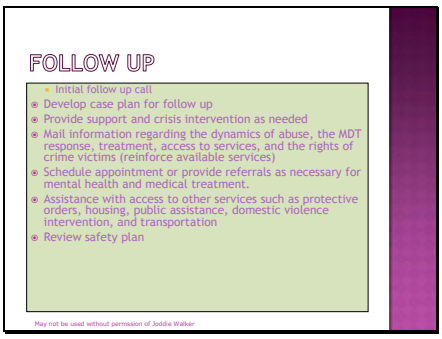


Slide 68



Slide 69



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FOLLOW-UP

- What are we doing at CAC?
- Documentation and information sharing among the team
- Case Reviews: How can we improve our assessments; are we following up with families post Case Reviews

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MDT CASE REVIEW CASE DECISION MAKING

- Attendance and participation in case review
- Provide relevant information about family to MDT including child's/family's attitudes and feelings about participation in the investigation/prosecution
- Be present while MDT members with investigative authority update family on case status
- Provide support and crisis intervention as needed

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COURT

- Provide updates to family on case status, continuances, dispositions, sentencing, offender release from custody, etc.
- Provide tours of the courthouse and courtroom
- Provide court education
- Provide support during trial including court accompaniment
- Provide support and crisis intervention as needed

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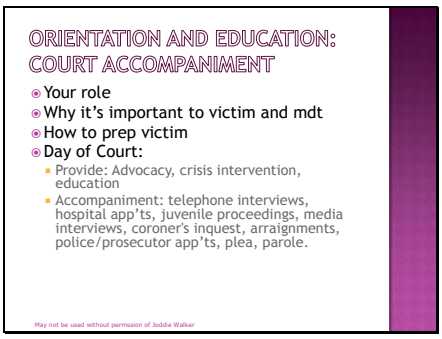
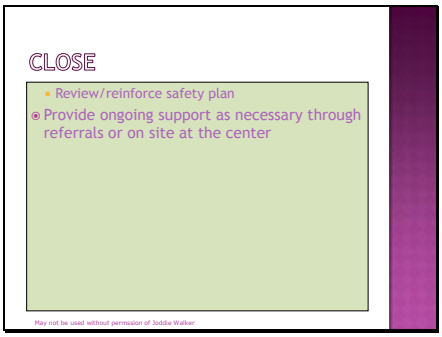


Slide 74



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NOPE GROUP

Major Components of the Curriculum

- **Myths/Facts** – dispelling misconceptions and stating the facts
- **Vocabulary** – terminology used by professionals involved
- **What is sexual abuse?** – definition clarification
- **The sexual abuse cycle** – offenders, victims, and the non-offending parent (the dysfunctional response cycle)
- **Offenders** – continuum, cognitive distortions, treatment
- **Victims** – impact, effects, relationships, normal sexual behavior, treatment
- **The Grief Cycle** – losses, the journey of grief
- **Non-offending parents (NOP)** – self-care, safety planning, coping strategies, resources
- **Working with others** – investigation, CYS, prosecution

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BE THE VOICE-FIND THE COURAGE

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RESOURCES

- https://www.ovcttac.gov/VATOnline
- Carnes, C. & Leslie, C. 2000. National Association of Family Advocates Technical Assistance Manual. National Children's Advocacy Center: Huntsville, AL
- Carnes, C. 1997. Handbook for Parents of Sexually Abused Children. National Children's Advocacy Center: Huntsville, AL
- Elliott, A. & Carnes, C. 2001. Reactions of Non-offending Parents to the Sexual Abuse of Their Child: A Review of the Literature. Child Maltreatment, Vol.6, No.4, November.
- NOPE: Non Offending Caregivers Curriculum, Maria Gallagher
- The National Institute for Trauma and Loss in Children, William Steele, Ph D.
- Connections by Jill S. Levenson and John W. Morin
- The National Children's Advocacy Center, NCAC, Huntville.

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